



## 2002 County Mental Health Services for SED Status Report

---

### ***Healthy Families Program (HFP) Mental Health Services***

Two systems provide mental health services to Healthy Families Program (HFP) children up to their 19<sup>th</sup> birthday. The systems include the health plans participating in the program and the county mental health system. The HFP participating health plans provide basic mental health services and medically necessary treatment of severe mental illnesses which do not have a dual diagnosis of serious emotional disturbance (SED), pursuant to California Code of Regulations (CCR), Title 10, Chapter 5.8, §2699.6700(a)(12). Children who do not have a severe mental illness receive up to 30 inpatient and 20 outpatient visits per benefit year. In accordance with Health and Safety Code Section 1374.72, children who have a severe mental illness, such as schizophrenia, autism, anorexia nervosa, bipolar disorder, major depression disorder and obsessive-compulsive disorder receive inpatient and outpatient visits without limitations.

Children who are suspected of being seriously emotionally disturbed (SED) as defined by Welfare and Institutions Code Section 5600.3 are referred to the county mental health department for an SED assessment. If the county mental health department determines that a child meets the SED criteria, the county assumes responsibility for the treatment of the SED condition(s), except for the first 30 days of psychiatric inpatient services per benefit year, which remains the responsibility of the HFP participating health plan. The county mental health program coordinates the delivery of mental health services with HFP participating health plans for children who meet the SED criteria.

### ***Memorandum of Understanding (MOU) Process***

To ensure effective coordination of care for HFP subscribers who are eligible for county mental health services, a model Memorandum of Understanding (MOU) was developed by the Managed Risk Medical Insurance Board (MRMIB) in collaboration with the California Mental Health Directors' Association, the

California Department of Mental Health (DMH) and representatives from county mental health programs and health plans. The MOU describes a common set of responsibilities for HFP participating plans and county mental health departments, which include referral and coordination of SED services, plan and county benefit of services, liaison function, dispute resolution process and monitoring. Key components of the MOU include:

- Health plans are to refer children suspected of having SED and counties are to perform an assessment within 5 days of referral if the child is an inpatient or thirty days of referral if the child is an outpatient.
- The coordination of services will involve health plan and county providers consulting each other to develop a collaborative process and timely delivery of services.
- Health plans will provide up to 30 days of inpatient care per benefit year, and counties will provide additional inpatient days if required for SED treatment. Counties will provide all outpatient services for the treatment of SED.
- Health plans and counties will designate a mental health liaison to work on relevant issues related to the coordination of the MOU.

Plans participating in the HFP are required to submit to MRMIB an MOU that has been signed by a plan official and a county mental health department official. Individual MOUs are required for each of the counties in which the plan participates in the HFP. Once signed, the MOUs remain in effect until the plan ceases to participate in the HFP or withdraws from a county.

Of the 213 mental health MOUs that were required for all plans for the 2001/2002 benefit year, 198 executed MOUs were received by MRMIB. The outstanding MOUs are the result of delays in either a plan and/or a county signing the MOUs. Factors that have led to these delays are: requests by some counties or HFP plans to make revisions to the MOU, or changes in county

administration. MRMIB has initiated several conference calls between participating plans and county mental health programs to facilitate the MOU signing process, resolve operational differences, and clarify terms of the MOU which presented barriers to obtaining county or health plan signatures for the MOUs.

### ***Purpose of the 2002 Report***

This report provides data on the number of children receiving SED services through county mental health departments and dollars spent on HFP SED services for the 2001/2002 benefit year. The report also presents data on: 1) the HFP SED referrals and treatment at the plan and county mental health department level, 2) the number of approved claims paid by age, 3) HFP SED expenditures by counties, and 4) the SED claims paid by type of service.

### ***Overview of SED Treatment Services in the HFP***

#### **What is SED?**

According to the California Welfare and Institutions Code Section 5600.3(a)(2), "seriously emotionally disturbed children" (SED) are minors who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.

#### **Who qualifies for SED treatment services through the county mental health programs?**

HFP children qualify for SED services if:

1. They have a mental disorder as identified in the most recent edition of The Diagnostic and Statistical Manual of Mental Disorders;
2. They do not have a primary drug or alcohol substance abuse problem or developmental

disorder which results in behavior that is not normal for their age;

3. They have a problem in more than one of the following areas:
  - Self-care
  - School functioning
  - Family relationship
  - Ability to function in the community;
4. Either of the following exists as a result of the mental disorder:
  - The child is at risk of removal from home or has already been removed from the home, or
  - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or
5. The child displays one of the following:
  - Sees or hears things that aren't there
  - Has very unusual behavior
  - Threatens or tries to hurt himself or others

#### **What services are available?**

County mental health programs provide the following services:

- **Outpatient Services**  
Day Treatment Services  
Mental Health Services  
Day Rehabilitation Services  
Crisis Intervention/Stabilization  
Medication Support Services
- **Inpatient**  
Acute Psychiatric Inpatient Hospital Services  
Psychiatric Health Facility Services
- **Partial Hospital**  
Crisis Residential Treatment Services  
Psychiatric Health Facility Services
- **Prescription Drugs**

## SED Referrals by Participating Health Plans

Table 1 shows the number of SED referrals that were reported by participating plans during the benefit year 2000/01 and 2001/02. In addition to referrals made by the health plans, referrals of HFP children to the county mental health department may come from other sources such as families, schools or the juvenile justice system. Therefore, Table 1 may under state the total number of HFP subscribers who were referred to a county mental health program for SED services. The data indicates that the percentage of referrals (as a percent of total enrollment) reported by plans decreased slightly from 0.24% to 0.20%. There were 4 plans (Contra Costa Health Services, Santa Barbara Regional Health Authority, Santa Clara Family Health Plan and Ventura County Health Care Plan) with a decrease in referrals as a percentage of enrollment ranging from a 1.0 to a 3.6 percentage point reduction. Additionally, five plans showed a less significant decrease in referrals. There were also 8 plans (Blue Shield, Central Coast Alliance for Health, Health Net, Health Plan of San Mateo, Kern Family Health Care, Los Angeles Care Health Plan, Sharp Health Plan and UHP Health Care) with an increase in referrals as a percentage of enrollment ranging from a 0.94 to a 2.95 percentage point increase.

Table 1

HFP SED Referrals						
HFP Participating Plan	Total # of HFP Enrollees as of 6/30/01	Total # of SED Referrals as of 6/30/01	Referrals as % of Total Plan Enrollments as of 6/30/01	Total # of HFP Enrollees as of 6/30/02	Total # of SED Referrals as of 6/30/02	Referrals as % of Total Plan Enrollments as of 6/30/02
Alameda Alliance for Health	5,400	29	0.5%	7,330	0	0.0%
Blue Cross (HMO and EPO)	183,846	304	0.2%	221,105	409	0.2%
Blue Shield (HMO and EPO)	27,358	14	0.05%	36,858	126	0.3%
CalOPTIMA Kids	19,190	1	0.0%	23,359	1	0.0%
Care 1st Health Plan	2,132	0	0.0%	4,321	0	0.0%
Central Coast Alliance for Health	1,234	7	0.6%	1,510	14	0.9%
Community Health Group	13,057	126	1.0%	16,571	14	0.1%
Community Health Plan	21,883	28	0.1%	24,503	33	0.1%
Contra Costa Health Services	1,890	37	2.0%	2,288	24	1.0%
Health Net	61,784	40	0.06%	78,927	82	0.1%
Health Plan of San Joaquin	7,095	56	0.8%	7,884	56	0.7%
Health Plan of San Mateo	860	4	0.5%	1,415	8	0.6%
Inland Empire Health Plan	17,885	22	0.1%	24,524	22	0.1%
Kaiser Permanente	33,475	0	0.0%	38,629	0	0.0%
Kern Family Health Care	4,906	7	0.1%	5,793	15	0.3%
L.A. Care Health Plan	7,162	21	0.3%	7,658	30	0.4%
Molina Healthcare	9,022	9	0.1%	11,418	7	0.1%
San Francisco Health Plan	5,315	82	1.5%	5,478	51	0.9%
Santa Barbara Regional Health Authority	1,402	71	5.0%	1,643	23	1.4%
Santa Clara Family Health Plan	8,113	90	1.1%	10,435	4	0.0%
Sharp Health Plan	13,695	6	0.04%	17,481	11	0.1%
UHP Healthcare	1,987	1	0.05%	2,038	4	0.2%
Universal Care	5,721	12	0.2%	8,101	10	0.1%
Ventura County Health Care Plan	2,974	53	1.8%	3,347	2	0.1%
<b>TOTAL</b>	<b>457,386</b>	<b>1,098</b>	<b>0.24%</b>	<b>562,614</b>	<b>942</b>	<b>0.2%</b>

## Active SED Cases

Table 2 shows that during the 2001/02 benefit year, over 3,500 children enrolled in the HFP received SED services through county mental health departments. This represents 0.6% of the total HFP population and a 0.1 percentage point increase in comparison to the 2000/01 benefit year. The number of active SED cases is much greater than the 942 plan referrals shown in Table 1 because active SED cases include referrals made by plans as well as schools, families and other community agencies.

The five counties that served the largest number of HFP SED children remains unchanged from the 2000/01 benefit year and included: Los Angeles (995), Kern (346), Riverside (229), San Francisco (217), and San Bernardino (182). These counties provided services to 56% of HFP subscribers with an active SED case during the 2001/02 benefit year.

There were four counties (Imperial, Monterey, Mendocino, and Tuolumne) that reported active SED cases (ranging from 6 to 67) in benefit year 2001/2002 but had reported “zero” active SED cases in prior years. In addition, Kings County experienced a 2.6 percentage point increase in the number of active cases (an increase from 8 to 72 cases) as a percentage of county enrollees.

*\* Note: There is an area in Los Angeles County (Tri-City) contains 3 cities which bill the State for mental health services as an entity independent of Los Angeles County. This area includes 3 clinics that provide county mental health services to residents in Pomona, La Verne, and Claremont. The number of HFP children shown in Table 2 for Los Angeles County included children who were seen in the Tri-City area. During FY2001/02, there was only one HFP subscriber who received SED services from Tri-City.*

Table 2

County	# of Enrollees as of 6/30/02	% of Enrollees as of 6/30/02	# of HFP SED Children	SED Children as % of County Enrollees
Alameda	12,088	2.1%	24	0.2%
Alpine	4	0.001%	0	0.0%
Amador	326	0.06%	0	0.0%
Butte	2,857	0.5%	73	2.6%
Calaveras	454	0.08%	0	0.0%
Colusa	1,103	0.2%	1	0.0%
Contra Costa	6,228	1.1%	64	1.0%
Del Norte	333	0.06%	5	1.5%
El Dorado	1,812	0.3%	36	2.0%
Fresno	16,043	2.9%	72	0.4%
Glenn	943	0.2%	0	0.0%
Humboldt	1,541	0.3%	26	1.7%
Imperial	3,154	0.6%	67	2.1%
Inyo	214	0.03%	0	0.0%
Kern	13,609	2.5%	346	2.5%
Kings	2,395	0.4%	72	3.0%
Lake	1,206	0.2%	8	0.7%
Lassen	289	0.05%	0	0.0%
Los Angeles *	170,393	30.0%	* 956	0.6%
Madera	2,637	0.5%	59	2.2%
Marin	1,641	0.3%	35	2.1%
Mariposa	254	0.05%	11	4.3%
Mendocino	1,778	0.3%	6	0.3%
Merced	5,163	1.0%	39	0.8%
Modoc	123	0.02%	0	0.0%
Mono	303	0.05%	0	0.0%
Monterey	10,505	1.9%	22	0.2%
Napa	1,337	0.24%	0	0.0%
Nevada	1,802	0.3%	25	1.4%
Orange	54,920	10.0%	0	0.0%
Placer	2,128	0.4%	0	0.0%
Plumas	253	0.04%	0	0.0%
Riverside	36,767	6.5%	229	0.6%
Sacramento	12,409	2.2%	74	0.6%
San Benito	1,078	0.2%	0	0.0%
San Bernardino	38,662	7.0%	182	0.5%
San Diego	47,774	8.5%	177	0.4%
San Francisco	10,003	1.8%	217	2.2%
San Joaquin	12,296	2.2%	88	0.7%
San Luis Obispo	3,378	0.6%	23	0.7%
San Mateo	4,820	0.8%	59	1.2%
Santa Barbara	6,630	1.2%	66	1.0%
Santa Clara	16,272	3.0%	0	0.0%
Santa Cruz	3,635	0.6%	30	0.8%
Shasta	3,558	0.6%	65	1.8%
Sierra	26	0.005%	0	0.0%
Siskiyou	551	0.1%	7	1.2%
Solano	3,140	0.6%	42	1.3%
Sonoma	6,143	1.1%	38	0.6%
Stanislaus	7,447	1.3%	87	1.1%
Sutter/Yuba	3,325	0.6%	17	0.5%
Tehama	1,027	0.2%	12	1.2%
Trinity	278	0.05%	1	0.4%
Tulare	9,348	1.7%	143	1.5%
Tuolumne	757	0.1%	26	3.4%
Ventura	13,187	2.3%	0	0.0%
Yolo	2,267	0.4%	0	0.0%
<b>Total</b>	<b>562,614</b>	<b>100%</b>	<b>3,530</b>	<b>0.6%</b>

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date, by Fiscal Year, and Across Both Fiscal Years 2001-2002.

## Age Distribution of Active SED Cases

There has been a long standing question about the age distribution of children receiving SED services. Based on a 1999 federal report<sup>1</sup> to Congress on the evaluation of mental health services for children, the average age of children having a SED condition was 12.2 years across the grant communities. This data is similar to the experience in the HFP.

Table 3 shows the distribution of active HFP SED cases by age group for the 2000/01 and 2001/02 benefit years. In the 2001/02 benefit year, the majority (86%) of HFP children receiving SED services through the county mental health departments were 8 years of age and older. Fifteen-year-old subscribers had the largest number of active SED cases (387) which represented 11% of the total active cases. In addition, 15-year-old subscribers with an active SED case represented 1.5% of 15-year-old subscribers enrolled in the program during the 2001/02 benefit year.

The 0.6% rate shown in Table 2 represents the number of active SED cases as a percentage of total HFP subscribers (over 560,000). However, because most active cases are found in children 8 years and older, it may be appropriate to compare the number of active cases for children in the 8 to 18-year-old group with the number of subscribers in this age group. This number equates to 0.93% which is greater than the 0.6% rate shown in Table 2 but is still lower than the 3-5% national estimate.

Surprisingly, Table 3 shows that younger children, ages 1-4 who fit the SED criteria, accounted for 3% of the HFP children receiving SED services. This young age group identified with a SED condition reflects a similar survey study finding in Boston, Massachusetts<sup>2</sup> in 2002 that nearly half of the study group had showed signs of mental health problems by age 4.

	Benefit Year 2000/01 Active Cases	Benefit Year 2001/02 Active Cases	HFP enrollees as of 06/30/02
Age	Total	Total	
0	1	0	6,466
1	6	9	19,362
2	13	11	28,704
3	30	32	31,634
4	45	58	33,036
5	52	76	33,892
6	108	146	37,192
7	156	177	39,906
8	194	256	40,893
9	198	288	39,647
10	203	298	39,526
11	226	192	37,124
12	194	317	34,106
13	197	354	30,015
14	227	320	27,606
15	215	387	24,973
16	212	327	22,665
17	143	259	19,877
18	63	103	15,285
Unknown	8	13	705
<b>Total</b>	<b>2,491</b>	<b>3,623</b>	<b>562,614</b>

Data Source: Department of Mental Health Approved Claims Data based on Fiscal Years 2000/01 and 2001/02 as of February 21, 2003, and MRMIB HFP Enrollment Data as of June 30, 2002

### References

<sup>1</sup> 1999 Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, The Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services

<sup>2</sup> Boston Herald, November 22, 2002. State Health Watch, January 2003

Table 3

## Expenditures for SED Services by Fiscal Year

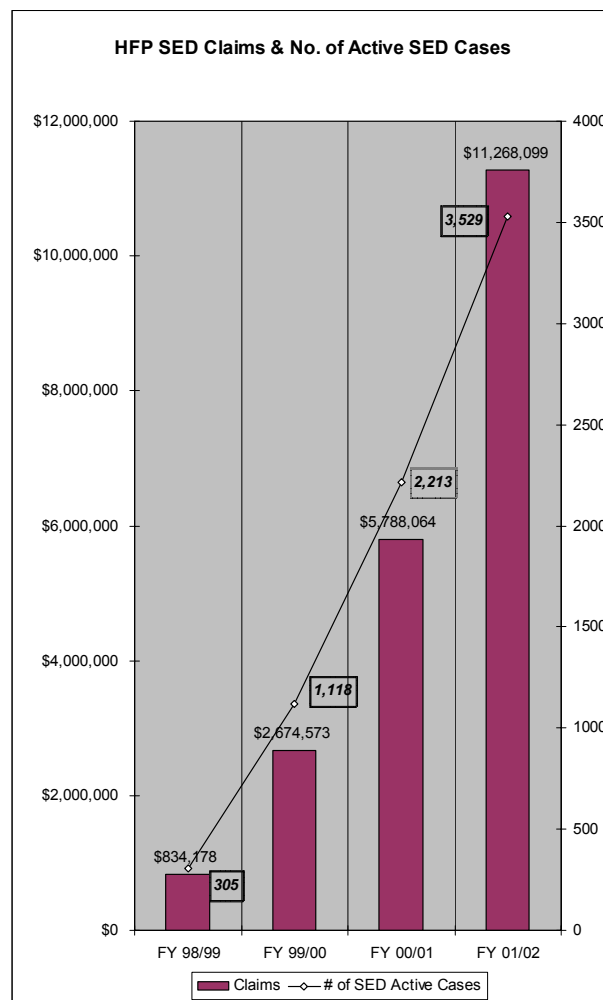
Chart 1 shows the HFP SED claims for each fiscal year. The total number of HFP SED children served in Fiscal Year (FY) 1998/99, FY 1999/00, FY 2000/01 and FY 2002/02 represent 305, 1,118, 2,213 and 3,529 respectively. The increase in claims is consistent with the increase in HFP SED children served.

Expenditures for HFP SED related services have increased dramatically over the last four years. The expenditures for FY 2001/02 totaled \$11.3 million which is almost double the expenditures (\$5.8 million) for FY 2000/01. In addition, FY 2001/02 expenditures are significantly greater than the total expenditures (\$8.4 million) for the prior three fiscal years combined.

The average cost per case increased from FY 98/99 to FY 01/02. In FY 98/99 the average cost per case was approximately \$2,735. By FY 01/02, the average cost per case was \$3,193. This represents a 17% increase over the past 4 fiscal years.

This significant increase in claim dollars reported may be partially due to the fact that the counties are more knowledgeable about the billing process for claiming HFP SED services and were able to bill more successfully. In the past two years, the California Institute of Mental Health (CIMH) offered technical assistance and training to counties on the HFP billing process. Since counties receive federal matching funds for HFP children receiving SED treatment, counties have a financial incentive to identify children who may be eligible for HFP. If federal funding was not available counties would have total responsibility for the cost of SED services.

Chart 1



*Note: Claims are based on date of service, not on date invoices are paid.*

## Expenditures by County

Table 4 shows the HFP SED funds paid to the county mental health departments. In FY 2001/02 the counties with the highest SED expenditures as a percentage of total dollars are Los Angeles (27.5%), Kern (11.2%), San Francisco (8.1%), Riverside (4.5%), and Tulare (3.9%).

There are several counties (Orange, Placer, Santa Clara, Ventura, and Yolo) that are continuing to report zero active SED cases and zero expenditures. With more than 88,000 program enrollees (15% of total HFP enrollees) residing in the counties of Orange, Santa Clara, and Ventura, it is highly probable that HFP children are receiving SED services from the county mental health departments. Discussions with county mental health liaisons from these counties confirmed that they had active HFP SED cases during FY 2001/02. Orange County indicated that there were 123 HFP children referred by HFP participating plans for a SED evaluation. Santa Clara County indicated that there were 321 active SED cases as of June 30, 2002. In addition, Yolo County reported that they had at least 10 HFP SED cases, and paid more than \$100,000 for one of these cases. These counties indicated that they were not receiving federal funds for paid HFP costs because of delays in setting up a new electronic system to process claims, or claims had not been submitted correctly, or difficulties they were experiencing with the claiming process. Each county is working on resolving their claiming problems.

The expenditure data for the 2001/02 benefit year represents "preliminary data as of 12/31/02". These numbers may not represent the total expenditures as counties are allowed to claim for one year after the date of service. In addition, there is a system generated lag in claims which are held by the system for 90 days to allow for any disenrollments to be processed and updated in the Medi-Cal Eligibility Data System (MEDS).

\* SED claims that were paid to Los Angeles County for FY 2001/02 includes claims paid to Tri-City. See page 4 for an explanation of Tri-City.

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date, by Fiscal Year, and Across Fiscal Years 2000-2001 and 2001-2002.

Table 4 SED Claims Paid To Counties

County	7/1/00-6/30/01	7/1/01-6/30/02	Total Claims Paid 7/1/00-6/30/02
Alameda	\$52,193	\$141,777	\$193,970
Amador	\$0	\$0	\$0
Alpine	\$0	\$0	\$0
Butte	\$169,855	\$346,890	\$516,745
Calaveras	\$0	\$0	\$0
Colusa	\$0	\$11	\$11
Contra Costa	\$24,904	\$368,353	\$393,257
Del Norte	\$234	\$15,942	\$16,176
El Dorado	\$36,725	\$97,428	\$134,153
Fresno	\$47,707	\$112,315	\$160,022
Glenn	\$156	\$0	\$156
Humboldt	\$35,498	\$50,948	\$86,446
Imperial	\$1,197	\$192,205	\$193,402
Inyo	\$0	\$5,430	\$5,430
Kern	\$871,338	\$1,270,695	\$2,142,033
Kings	\$9,055	\$130,433	\$139,488
Lake	\$61,519	\$36,847	\$98,366
Lassen	\$123	\$0	\$123
Los Angeles *	\$1,223,084	* \$3,102,995	\$4,326,079
Madera	\$76,541	\$188,160	\$264,701
Marin	\$65,079	\$176,218	\$241,297
Mariposa	\$8,460	\$8,800	\$17,260
Mendocino	\$3,002	\$11,028	\$14,030
Merced	\$86,164	\$69,202	\$155,366
Modoc	\$0	\$281	\$281
Mono	\$0	\$2,260	\$2,260
Monterey	\$119	\$68,779	\$68,898
Napa	\$0	\$0	\$0
Nevada	\$55,187	\$62,754	\$117,941
Orange	\$6,952	\$9,502	\$16,454
Placer	\$100	\$0	\$100
Plumas	\$0	\$0	\$0
Riverside	\$218,206	\$503,919	\$722,125
Sacramento	\$225,201	\$339,763	\$564,964
San Benito	\$0	\$0	\$0
San Bernardino	\$193,437	\$398,893	\$592,330
San Diego	\$57,184	\$236,281	\$293,465
San Francisco	\$684,596	\$922,388	\$1,606,984
San Joaquin	\$216,507	\$85,162	\$301,669
San Luis Obispo	\$44,566	\$69,384	\$113,950
San Mateo	\$209,084	\$148,840	\$357,924
Santa Barbara	\$174,678	\$353,959	\$528,637
Santa Clara	\$1,430	\$2,360	\$3,790
Santa Cruz	\$250,567	\$212,033	\$462,600
Shasta	\$68,158	\$179,621	\$247,779
Sierra	\$0	\$0	\$0
Siskiyou	\$2,503	\$23,507	\$26,010
Solano	\$82,466	\$189,305	\$271,771
Sonoma	\$171,454	\$341,669	\$513,123
Stanislaus	\$118,122	\$236,248	\$354,370
Sutter/Yuba	\$3,449	\$52,240	\$55,689
Tehama	\$25,854	\$29,236	\$55,090
Trinity	\$6,702	\$1,086	\$7,788
Tulare	\$196,079	\$434,330	\$630,409
Tuolumne	\$1,499	\$35,863	\$37,362
Ventura	\$1,122	\$2,759	\$3,881
Yolo	\$0	\$0	\$0
<b>Total</b>	<b>\$5,788,056</b>	<b>\$11,268,099</b>	<b>\$17,056,153</b>

## ***Expenditures by Type of Service at County Mental Health Departments***

The types of services provided by county mental health programs for children enrolled in the HFP are as follows:

- **Inpatient** – services provided in an acute hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services (DHS) to provide psychiatric services.
- **Day Treatment** – service provided in an organized and structured multi-disciplinary treatment program as an alternative to hospitalization to avoid placement in a more restrictive setting, or to maintain the client in a community setting. It also includes Day Rehabilitation service which provides evaluation and therapy to maintain and restore personal independence.
- **Linkage/Case Management/Brokerage** – activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.
- **Mental Health (MH) Services** – interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhanced self-sufficiency. This includes the following activities: assessment, evaluation, therapy, rehabilitation and plan development.
- **Medication Support** – includes prescribing, administration, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness. The support does not include the actual cost of medication.
- **Crisis Intervention** – A crisis is an unplanned event that results in the client's need for immediate service intervention. Crisis intervention is a service lasting less than 24 hours, which may either be face-to face or by telephone with the beneficiary or significant support persons for intervention and stabilization. Also, it is a quick emergency response service which features a 24-hour call line which enables the client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible.



## Claims Paid by Type of Service

Tables 5 and 6 show the breakdown of HFP/SED expenditures paid by type of service for benefit years 2000/01 and 2001/02.

Mental Health Services account for the majority of claims paid for HFP/SED children for benefit years 2000/01 (74%) and 2001/02 (72%). Services provided under the Mental Health Services category include activities such as assessment, evaluation, individual and group therapy, rehabilitation and plan development.

The claims for each category increased significantly for 2001/02. The total dollars paid by type of services is consistent with the expenditures for SED services at county mental health departments which is almost double the expenditure of the prior year 2000/01.

Table 5

SED Claims Paid by Type of Service for Benefit Year 2000-2001

Type of Service	Total Dollars Paid	Claims as % of Total Dollars
Inpatient	\$58,459	1.0%
Day Treatment	\$334,550	5.8%
Linkage/Brokerage	\$429,342	7.4%
Mental Health Services	\$4,294,998	74.2%
Medication Support	\$491,208	8.4%
Crisis	\$179,497	3.1%
Residential	\$0	0%
<b>Total</b>	<b>\$5,788,054</b>	<b>100%</b>

Table 6

SED Claims Paid by Type of Service for Benefit Year 2001-2002

Type of Service	Total Dollars Paid	Claims as % of Total Dollars
Inpatient	\$155,009	1.38%
Day Treatment	\$841,750	7.47%
Linkage/Brokerage	\$857,889	7.61%
Mental Health Services	\$8,108,921	72.0%
Medication Support	\$990,997	8.81%
Crisis	\$311,286	2.71%
Residential	\$2,243	0.02%
<b>Total</b>	<b>\$11,268,095</b>	<b>100%</b>

Note: Total dollars paid in Tables 5 and 6 do not match total paid on Table 4 due to rounding.

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients

## ***Conclusion***

The arrangement between the HFP participating plans and the county mental health programs to refer HFP children suspected of being SED has been in place for several years. Although the number of active SED cases has increased during the past several years as the number of HFP subscribers has grown, there is still concern regarding the continuing low rates for mental health referrals and utilization of services. As a result, MRMIB will be pursuing funding for an independent study to determine whether the coordination of mental health services between health plans and county mental health programs is functioning effectively.

In the interim, MRMIB staff continues to engage in activities to facilitate HFP SED referrals and the coordination of mental health services between the participating plans and the counties. For example, to support the plans' efforts, MRMIB held a meeting with the plans last August to discuss issues and identify ways to improve SED referrals and coordination of services. To assure that the plans had the appropriate contacts for each county, MRMIB also updated the county mental health liaisons listing.

To support the counties' mental health efforts, an interim process was developed to provide county mental health departments with updated eligibility information on HFP subscribers when verification is not possible through the Medi-Cal Eligibility Data System. In addition to specific activities to facilitate the coordination of services, MRMIB staff is available to assist counties (and health plans) in resolving coordination issues. The collaborative work among MRMIB staff, the California Institute of Mental Health and the DMH has proven beneficial in assisting the plans, counties and families in coordinating mental health services.

## **Acknowledgements**

Prepared by Alice Chan, R.N., P.H.N., Benefits Specialist, MRMIB

Assisted by Vallita Lewis, Manager, MRMIB and Erika Cristo, Associate Mental Health Specialist, DMH